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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	JAB 1415-PCT-USA
	First Named Inventor	Contreras, Roland Henri
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DRUG TARGETS IN CANDIDA ALBICANS

the specification of which
☐ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) **08/16/1999** as United States Application Number or PCT International Application Number **PCT/EP99/05991** and was amended on (MM/DD/YYYY) **02/04/2000** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
9817796.7	GB	08/14/1998	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98310694.9	EP	12/23/1998	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

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[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number OR ☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Steven P. Berman	24,772	Michael Stark	32,495
Andrea L. Colby	30,194	Ellen C. Coletti	34,140
		Mary A. Appollina	34,087

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name	Philip S. Johnson				
Address	Johnson & Johnson				
Address	One Johnson & Johnson Plaza				
City	New Brunswick	State	NJ	ZIP	08933-7003
Country	USA	Telephone	(732) 524-2359	Fax	(732) 524-2808

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Roland Henri	Contreras

Inventor's Signature				Date	
Residence: City	9000 Gent	State		Country	Belgium
Post Office Address	c/o University of Gent, K.L. Ledeganckstraat 35, B-9000 Gent, Belgium				
Post Office Address					
City	Schelderode/Merelbeke	State		ZIP	9820
Country	Belgium				

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jasmine Elza				Viaene			
Inventor's Signature				Date			
Residence: City	Gent	State		Country	Belgium	Citizenship	BE
Post Office Address	c/o University of Gent, K.L. Ledeganckstraat 35, B-9000 Gent, Belgium						
Post Office Address							
City	Varsenare	State		ZIP	8490	Country	Belgium
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Marc George				Logghe			
Inventor's Signature				Date			
Residence: City	Gent	State		Country	Belgium	Citizenship	BE
Post Office Address	c/o University of Gent, K.L. Ledeganckstraat 35, B-9000 Gent, Belgium						
Post Office Address							
City	St.-Denijs-Westrem	State		ZIP	9051	Country	Belgium
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Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Bart Jozef Maria				Nelissen			
Inventor's Signature						Date	
Residence: City	Beerse	State		Country	Belgium	Citizenship	BE
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
Post Office Address							
City	Meerhout	State		ZIP	2450	Country	Belgium
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Marianne Denise				De Backer			
Inventor's Signature						Date	
Residence: City	Beerse	State		Country	Belgium	Citizenship	BE
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
Post Office Address							
City	San Diego	State	CA	ZIP	92122	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Walter Herman Maria Louis				Luyten			
Inventor's Signature						Date	
Residence: City	Beerse	State		Country	Belgium	Citizenship	BE
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
Post Office Address							
City	Turnhout	State		ZIP	2300	Country	Belgium

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Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
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Andrea L. Colby	30,194	Ellen C. Coletti	34,140
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Name	Philip S. Johnson				
Address	Johnson & Johnson				
Address	One Johnson & Johnson Plaza				
City	New Brunswick	State	NJ	ZIP	08933-7003
Country	USA	Telephone	(732) 524-2359	Fax	(732) 524-2808

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Given Name (first and middle (if any))		Family Name or Surname	
Roland Henri		Contreras	
Inventor's Signature			Date
Residence: City	9000 Gent	State	Country Belgium
			Citizenship BE
Post Office Address	c/o University of Gent, K.L. Ledeganckstraat 35, B-9000 Gent, Belgium		
Post Office Address			
City	Schelderode/Merelbeke	State	ZIP 9820
		Country	Belgium

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Jasmine Elza				Viaene			
Inventor's Signature						Date	
Residence: City	Gent	State		Country	Belgium	Citizenship	BE
Post Office Address	c/o University of Gent, K.L. Ledeganckstraat 35, B-9000 Gent, Belgium						
Post Office Address							
City	Varsenare	State		ZIP	8490	Country	Belgium
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Marc George				Logghe			
Inventor's Signature						Date	
Residence: City	Gent	State		Country	Belgium	Citizenship	BE
Post Office Address	c/o University of Gent, K.L. Ledeganckstraat 35, B-9000 Gent, Belgium						
Post Office Address							
City	St.-Denijs-Westrem	State		ZIP	9051	Country	Belgium
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Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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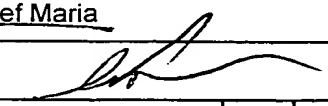
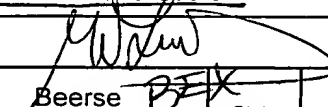
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Given Name (first and middle [if any])		Family Name or Surname					
Bart Jozef Maria		Nelissen					
Inventor's Signature						Date	10 January 2001
Residence: City	Beerse	State		Country	Belgium	Citizenship	BE
Post Office Address	c/o Janssen Pharmaceutica N.V., Turnhoutseweg 30, B-2340 Beerse, Belgium						
Post Office Address							
City	Meerhout	State		ZIP	2450	Country	Belgium
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Marianne Denise		De Backer					
Inventor's Signature						Date	
Residence: City	Beerse	State		Country	Belgium	Citizenship	BE
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Post Office Address							
City	San Diego	State	CA	ZIP	92122	Country	USA
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Walter Herman Maria Louis		Luyten					
Inventor's Signature						Date	10 January 2001
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Address	One Johnson & Johnson Plaza				
City	New Brunswick	State	NJ	ZIP	08933-7003
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Roland Henri	Contreras

Inventor's Signature		Date	11/14 JAN 2001				
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City	Schelderode/Merelbeke	State		ZIP	9820	Country	Belgium

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

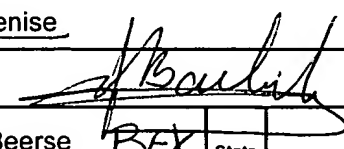
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Bart Jozef Maria				Nelissen			
Inventor's Signature				Date			
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Post Office Address							
City	Meerhout	State		ZIP	2450	Country	Belgium
Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Marianne Denise				De Backer			
Inventor's Signature				Date		11/4/2002	
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Name of Additional Joint Inventor, If any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Walter Herman Maria Louis				Luyten			
Inventor's Signature				Date			
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Post Office Address							
City	Turnhout	State		ZIP	2300	Country	Belgium

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>Jasmine Elza</u>				<u>Viaene</u>			
Inventor's Signature	<u>[Signature]</u>			Date	<u>01/11/2004</u>		
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>Marc George</u>				<u>Logghe</u>			
Inventor's Signature	<u>[Signature]</u>			Date	<u>01/11/2004</u>		
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Post Office Address							
City	<u>St.-Denijs-Westrem</u>	State		ZIP	<u>9051</u>	Country	<u>Belgium</u>
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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